



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on March 6, 2002 in an envelope as First Class Mail, addressed to the Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

*Pat Tate*  
Pat Tate

Attorney Docket No.: INT1P917

First Named Inventor: HINDUS, et al

Application Number: 09/169,839

Filing Date: October 9, 1998

Group Art Unit: 2635

Examiner: Edwin C. Holloway III

RCE 2700  
#17  
p. 102  
03/18/02

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Assistant Commissioner for Patents  
Washington, DC 20231

**RECEIVED**

MAR 17 2003

Technology Center 2600

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on \_\_\_\_\_

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

☐ Other \_\_\_\_\_

b. Enclosed:

- ☒ Amendment/Reply
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other

03/13/2003 HDAHTE1 00000049 09169839

01 FC:1801

750.00 OP

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u> OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS <u>47</u> -	<u>47</u>	<u>0</u>	X9 = \$	OR X18 = \$
INDEP CLAIMS <u>2</u> -	<u>2</u>	<u>0</u>	X42 = \$	OR X84 = \$
[ ] Multiple Dependent Claim Present and Fee Not Previously Paid			\$140	\$280
TOTAL			\$ _____	\$ 0

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months.
- b. ☐ Other \_\_\_\_\_
3. ☒ Applicant hereby petitions for a one month extension of time.
4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 770 in the amount of \$860.00 to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
6. ☐ Please charge Deposit Account No. 50-0685 ( ) in the amount of \$ \_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P917).
8. ☒ Please continue to send correspondence to the following address:

**CUSTOMER NO. 21912**  
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Date: 03/06/03

William J. James  
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